# 2008 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By September 12, 2008**

DOCUMENT # A97000001958

1. Entity Name
BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.

**FILED**
**Aug 13, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 2906 S.W. 2ND AVENUE<br>GAINESVILLE, FL 32607 | 2906 S.W. 2ND AVENUE<br>GAINESVILLE, FL 32607 |

07102008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3476704
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCK, SEYMOUR S
2906 S.W. 2ND AVENUE
GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ U00000957645 08/13/08-80003-014 500.00
Signature, typed or printed name of registered agent, and title if applicable — DATE

**FILE NOW!!! FEE IS $500.00**
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

| | |
|---|---|
| DOCUMENT # | |
| NAME | BLOCK, SEYMOUR S |
| STREET ADDRESS | 2906 S.W. 2ND AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 |
| DOCUMENT # | |
| NAME | BLOCK, GERTRUDE H |
| STREET ADDRESS | 2906 S.W. 2ND AVENUE |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** Seymour S. Block July 10, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #